

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/509182

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4		1				
5		1				
6		2				
7		2				
8		1				
9						
10						
11						
12						
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14						
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17						
18						
19						
20						
21						
22						
23						
24						
25						
26		2				
27						
28						
29						
30						
31						
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37						
38						
39						
40						
41						
42						
43						
44		2				
45		1				
46		1				
47		2				
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		2				
54		1				
55						
56						
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	54	←	53	←		←
TOTAL CLAIMS	56		55			